

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/533578

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		2		1		
5		2		1		
6		3		1		
7		3		1		
8		3		1		
9		3		1		
10		3		1		
11		3		1		
12		3		1		
13		3		1		
14		3		1		
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16		3		1		
17		3		1		
18		3		1		
19		3		1		
20		3		1		
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23		3		1		
24		3		1		
25		3		1		
26		3		1		
27		3		1		
28		3		1		
29	1		1			
30		3		1		
31		3		1		
32		3		1		
33		3		1		
34		3		1		
35		3		1		
36		3		1		
37	1		1			
38		3		1		
39		3		1		
40		3		1		
41		3		1		
42	1		1			
43	1		1			
44	1		1			
45	1		1			
46	1		1			
47		1		1		
48	1		1			
49	1		1			
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1		1			
52		1		1		
53		1		1		
54		2		1		
55		2		1		
56		4		1		
57		4		1		
58		4		1		
59	1		1			
60		1		1		
61		1		1		
62		1		1		
63		1		1		
64		1		1		
65		1		1		
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	8	↓		↓
TOTAL DEP.		←	49	←		←
TOTAL CLAIMS			57			